COVER PAGE

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORI	CALIFORNIA 460 FORM
(Government Code Sections 64200-64218.3)	Statement covers period from 01/01/2019	Date of election if applicable: (Month, Day, Year)		Page 1	1 of 4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2019	11/03/2020		COL	31 JUL 2019 PM-19
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2,	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		***	JOELLO C WITH
Officeholder, Candidate Controlled Committee Ostate Candidate Election Committee	Primarily Formed Ballot Measure Committee	Preelection Statement Semi-annual Statement		☐ Quarterly Statement ☐ Special Odd-Year Report	t keport
○ Recall (Also Complete Part 5)	Controlled Sponsored Ako Comilete Part 6	Termination Statement (Also file a Form 410 Termination)	ırmination)	Statemental Preelection Statement - Attach Form 495	ection Form 495
General Purpose Committee Sponsored Small Contributor Committee ○ Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)	slow)		
3. Committee Information	I.D. NUMBER 1390966	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Miles Condeno for Council 2020		NAME OF TREASURER			
		MAILING ADDRESS			
		2151 S College Dr Ste	Ste 101		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
2151 S College Dr Ste 101		Santa Maria	CA	93455	(805) 922-4881
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY		
Santa Maria CA 93	93455 (805) 922-4881				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	5. BOX	MAILING ADDRESS			
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	RESS		
arybee@aol.com					

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

11.77	Date	19-19	1	CASHE
Executed on		13	Executed on	

Date

Executed on -

Date

Executed on -

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	antTreasurer		Proponent or Respon	Section 13
,	if Treasurer gc Assist.	1	idate, State Measure	
March March	Signature	120	ng Officeholder, Cand	
The Party	110	112	Signature of Controlling	
ă	1	5	P Ag	By By

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	1	3
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PPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Signalure of Controlling Officeholder, Candidate, State Measure Proponent

ceholder or Candidate Controper or Candidate Controper or Candidate Controper or Candidate Controper or Cardero E SOUGHT OR HELD (INCLUDE LOCAT Council Member Council Member Ruby Ct. Ruby Ct. INTEE NAME MITTEE NAME STREET ADD STREET ADD MITTEE ADDRESS STREET ADD	Recipient Committee Campaign Statement Cover Page — Part 2			CAL F	CALIFORNIA 460 FORM 460
OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Member: Santa Maria CA, 93454 Traitees Not Included in this Statement: List any committees this statement that are controlled by you or are primarily formed to receive make expenditures on behalf of your candidacy. The controlled committees this statement that are controlled by you or are primarily formed to receive make expenditures on behalf of your candidacy. BE I.D. NUMBER CONTROLLED COMMITTEE? CONTROLLED COMMITTEE? LID. NUMBER E I.D. NUMBER CONTROLLED COMMITTEE? CONTR	. Officeholder or Candidate Controlled Commi	ittee		sure Committee	
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Santa Maria CA 93454 Santa Maria CA 93454 Statement: List any committees you or are primarily formed to receive ur candidacy. I.D. NUMBER I.D. NO	Mike Cordero OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC City Council Member	T NUMBER IF APPLICABLE)		SDICTION	SUPPORT
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mittees Not Included in this Statement: List any committees make expenditures on behalf of your candidate). I.D. NUMBER CONTROLLED COMMITTEE? Lib. NUMBER CONTROLLED COMMITTEE? Lib. NUMBER CONTROLLED COMMITTEE? Lib. NUMBER L		Ð	NAME OF OFFICEHOLDER, CANDIDATE	OR PROPONENT	
T. Primarily Formed Candidate/Officeholder Committee List name officeholder(s) or candidate/Officeholder Committee List name of officeholder(s) or candidate/Officeholder(s) or candidate/Officeh	Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your can	stement: List any committees or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD	DISTRIC	T NO, IF ANY
T. Primarily Formed Candidate/Officeholder Committee 1st name officeholder Sought Officeholder Committee 1st name officeholder(s) or candidate(s) for which this committee is primarily formed. The controlled committee is primarily formed officeholder Committee is primarily formed. The committee is primarily formed officeholder Sought Office Sough	COMMITTEE NAME	I.D. NUMBER			
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	STREET ADDRESS (NO F		Attach con	 tinuation sheets if necesse	, v

Campaign Disclosure Statement	Amounte may be rounded			MMA
Summary Page	to whole dollars.	Statem	Statement covers period	CALIFORNIA 460
		The state of the s	06/30/2019	Page 3 of 4
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER
Mike Cordero for Council 2020				1390966
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Sun Running in Both th	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 0.00	00.00		13 14 through 6/30 7/4 to Date
2. Loans Received	0.00	00.0	20 Contributions	
•	\$ 0.00			59
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED	\$ 00.00	00.00	21. Expenditures Made \$	\$
Expenditures Made 6. Payments Made	\$ 350.00	350.00	Expenditure Limit Candidates	Expenditure Limit Summary for State Candidates
7. Loans Made Schedule H, Line 3	350.00	0.00	22. Cumulati	Cumulative Expenditures Made* (ifSubjectto Voluntary Expenditure Limit)
Accined Expenses (Unpaid Bills)	00.0	0.00	Date of Election	Total to Date
Nonmonetary Adjustment	0.00	00.00	(ww/dd/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10	\$ 350.00	\$ 350.00		₩
Current Cash Statement			1	49
12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Summary Page, Line 3 above 14. Miscellaneous Increases to Cash Schedule 1, Line 4 above 15. Cash Payments Schedule 1, Line 8 above 15. Cash Payments	\$ 0.00 0.00 350.00 5,908.18	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative floures that should be	*Amounts in this section reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0.00			FPPC Form 460 (Jan/2016)
www.netfile.com			FPPC Advice:	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Payments Made Schedule E

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Amounts may be rounded to whole dollars.

4 ŏ CALIFORNIA I.D. NUMBER FORM 1390966 Page 4 Statement covers period 01/01/2019 06/30/2019 through

SCHEDULE

radio airtime and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

Mike Cordero for Council 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RFD SAL meetings and appearances member communications office expenses contribution (explain nonmonetary)* campaign paraphernalia/misc. campaign consultants

postage, delivery and messenger services polling and survey research petition circulating phone banks 庆<u>튜</u>통덕쬤뚕 independent expenditure supporting/opposing others (explain)*

print ads

campaign literature and mailings

legal defense

candidate filing/ballot fees

civic donations

CAG CAG

Š SNS fundraising events

2 2

transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions voter registration AEB WEB professional services (legal, accounting)

information technology costs (internet, e-mail)

300.00 AMOUNT PAID DESCRIPTION OF PAYMENT NetFile Annual Services R CODE PRO NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455

Schedule E Summary

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

0.00 300.00 50.00 S W S 1. Itemized payments made this period. (Include all Schedule E subtotals.) 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)............. 2. Unitemized payments made this period of under \$100

300.00

SUBTOTAL \$

350.00 TOTAL \$ 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov